

**U.S. DEPARTMENT OF TRANSPORTATION
SMALL BUSINESS INNOVATION RESEARCH PROGRAM
SOLICITATION NO. DTRT57-07-R-SBIR**

**APPENDIX C
(SCHEDULE 1)**

CONTRACT PRICING PROPOSAL

PROPOSAL COVER SHEET				1. SOLICITATION/CONTRACT/MODIFICATION NUMBER			
2a. NAME OF OFFEROR				3a. NAME OF OFFEROR'S POINT OF CONTACT			
2b. FIRST LINE ADDRESS				3b. TITLE OF OFFEROR'S POINT OF CONTACT			
2c. STREET ADDRESS				3c. TELEPHONE			
				3c. FACSIMILE			
2d. CITY	2e. STATE	2f. ZIP CODE		AREA CODE	NUMBER	AREA CODE	NUMBER
4. TYPE OF CONTRACT OR SUBCONTRACT (<i>Check</i>)				5. <input type="checkbox"/> PRIME OFFEROR			
<input checked="" type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input type="checkbox"/> CPAF				<input type="checkbox"/> SUBCONTRACTOR			
<input type="checkbox"/> FPI <input type="checkbox"/> OTHER (<i>Specify</i>)				PRIME OFFEROR'S NAME			
6. ESTIMATED COST, FEE, AND PROFIT INFORMATION							
A. ESTIMATED COST							
B. PROFIT							
C. TOTAL PRICE							
7. PROVIDE THE FOLLOWING							
NAME OF COGNIZANT CONTRACT ADMINISTRATIVE AGENCY				NAME OF COGNIZANT GOVERNMENT AUDIT AGENCY			
STREET ADDRESS				STREET ADDRESS			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
TELEPHONE	AREA CODE	NUMBER		TELEPHONE	AREA CODE	NUMBER	
FACSIMILE	AREA CODE	NUMBER		FACSIMILE	AREA CODE	NUMBER	
NAME OF CONTACT				NAME OF CONTACT			
PROPERTY SYSTEM				APPROXIMATE DATE OF LAST AUDIT			
<input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined acceptable				PURPOSE OF AUDIT (e.g. proposal review, establishment of billing rates, finalize indirect rates, etc.)			
<input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined not acceptable							
<input type="checkbox"/> Never reviewed							
PURCHASING SYSTEM				ACCOUNTING SYSTEM			
<input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined acceptable				<input type="checkbox"/> Audited and determined acceptable			
<input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined not acceptable				<input type="checkbox"/> Audited and determined not acceptable			
<input type="checkbox"/> Never reviewed				<input type="checkbox"/> Never audited			
				OFFEROR'S FISCAL YEAR			
8a. NAME OF OFFEROR (<i>Typed</i>)				9. NAME OF FIRM			
8b. TITLE OF OFFEROR (<i>Typed</i>)							
10. SIGNATURE						11. DATE OF SUBMISSION	